

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/525545

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/								51					
2	/	/							52					
3		/							53					
4		/							54					
5		/							55					
6		/							56					
7		/							57					
8		/							58					
9		/							59					
10	/								60					
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13		/							63					
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40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.	4	↓		↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.	12	←		←		←			TOTAL DEP.		←		←	
TOTAL CLAIMS	16								TOTAL CLAIMS					